Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

| CLAIMS AS FILED - PART I (Column 1) (Column 2)           |                                                |                                                               |                   |                    |                                 |                  |     | SMALL ENTITY TYPE   |                        | OR | OTHER THAN OR SMALL ENTITY |                        |
|----------------------------------------------------------|------------------------------------------------|---------------------------------------------------------------|-------------------|--------------------|---------------------------------|------------------|-----|---------------------|------------------------|----|----------------------------|------------------------|
| TOTAL CLAIMS - 204                                       |                                                |                                                               |                   |                    |                                 |                  |     | RATE                | FEE                    | ſ  | RATE                       | FEE                    |
| FOR NUMBER FILED                                         |                                                |                                                               |                   |                    | NUMB                            | ER EXTRA         |     | BASIC FEE           | 370.00                 | OR | BASIC FEE                  | 740.00                 |
| TOTAL CHARGEABLE CLAIMS 24 minus 20=                     |                                                |                                                               |                   |                    | *                               | 4                |     | X\$ 9=              |                        | OR | X\$18=                     | 72                     |
| INDEPENDENT CLAIMS 9 minus 3 =                           |                                                |                                                               |                   |                    | * 6                             |                  |     | X42=                | ·                      | OR | X84=                       | 774                    |
| MULTIPLE DEPENDENT CLAIM PRESENT                         |                                                |                                                               |                   |                    | •                               |                  |     | +140=               |                        | OR | +280=                      |                        |
| * If the difference in column 1 is less than zero, enter |                                                |                                                               |                   |                    | r "0" in c                      | column 2         |     | TOTAL               |                        | OR | TOTAL                      | 1,316                  |
| CLAIMS AS AMENDED - PART II                              |                                                |                                                               |                   |                    |                                 |                  |     |                     |                        | 1  | OTHER                      | THAN                   |
| (Column 1) (Colur                                        |                                                |                                                               |                   |                    |                                 | (Column 3)       |     | SMALL E             | ENTITY                 | OR | SMALL                      |                        |
| AMENDMENT A                                              |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                     |                   | NUM<br>PREVI       | HEST<br>MBER<br>OUSLY<br>FOR    | PRESENT<br>EXTRA |     | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |
|                                                          | Total                                          | *                                                             | Minus             | **                 |                                 | =                |     | X\$ 9=              |                        | OR | X\$18=                     |                        |
| AME.                                                     | Independent                                    | *                                                             | Minus             | ***                |                                 | =                |     | X42=                |                        | OR | X84=                       |                        |
| Ľ                                                        | FIRST PRESE                                    | NTATION OF M                                                  | ULTIPLE DEF       | ENDEN              | I CLAIM                         |                  | j   | +140=               |                        | OR | +280=                      |                        |
|                                                          |                                                |                                                               |                   |                    | •                               |                  | 1   | TOTAL<br>ADDIT. FEE |                        |    | TOTAL<br>ADDIT. FEE        |                        |
|                                                          |                                                | (Column 1)                                                    |                   | (Colu              | ımn 2)                          | (Column 3)       |     | AUDII. FEE I        |                        | •  | ADDII: 1 EE                |                        |
| ENT B                                                    |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                     |                   | HIG<br>NUI<br>PREV | HEST<br>MBER<br>IOUSLY<br>D FOR | PRESENT<br>EXTRA |     | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |
| NON                                                      | Total                                          | *                                                             | Minus             | **                 |                                 | =                | ]   | X\$ 9=              |                        | OR | X\$18=                     |                        |
| AMENDMENT                                                | Independent                                    | *                                                             | Minus             | ***                | IT OL ALL                       | =                | ┨┃  | X42=                |                        | OR | X84=                       |                        |
|                                                          | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                                               |                   |                    |                                 |                  |     | +140=               |                        | OR | +280=                      |                        |
|                                                          |                                                |                                                               |                   |                    |                                 |                  |     | TOTAL<br>ADDIT. FEE |                        | OR | TOTAL<br>ADDIT. FEE        |                        |
| ļ                                                        |                                                | (Column 1)                                                    |                   |                    | ımn 2)                          | (Column 3)       | )_  |                     |                        |    |                            |                        |
| AMENDMENT C                                              |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                     |                   | NUI<br>PREV        | HEST<br>MBER<br>YOUSLY<br>D FOR | PRESENT<br>EXTRA |     | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |
| NON                                                      | Total                                          | *                                                             | Minus             | **                 |                                 | =                |     | X\$ 9=              | :                      | OR | X\$18=                     | į                      |
| ME                                                       | Independent                                    | *                                                             | Minus             | ***                |                                 | = .              | ╣   | X42=                |                        | OR | X84=                       |                        |
| F                                                        | FIRST PRESE                                    | ENTATION OF M                                                 | IULTIPLE DE       | PENDE              | NT CLAIN                        | /                | ٦   | +140=               |                        | OR | +280=                      |                        |
| *                                                        | If the entry in colu<br>If the "Highest Nu     | ımn 1 is less than                                            | the entry in colu | ımn 2, wr          | ite "0" in c                    | olumn 3.         | n " | TOTAL               |                        | OR | TOTAL                      |                        |
| *                                                        | *If the "Highest No                            | imber Previously I<br>imber Previously I<br>nber Previously P | Paid For" IN TH   | IS SPACE           | E is less th                    | an 3, enter "3." | •   | ADDIT. FEE          | propriate bo           |    | ADDIT. FEE                 |                        |